

FILED SEP 12 1941
Registration District No. 277

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
409 West 14th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Ernest McWhorter

3. (b) If veteran, name war. No 3. (c) Social Security No. 487-16-6979

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Mrs. Gertrude Ethel McWhorter 6. (c) Age of husband or wife if alive. ----- years

7. Birth date of deceased. December 24 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 29 hr. min.

9. Birthplace Blackburn Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Worker

11. Industry or business Retired

12. Name George Herman McWhorter

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Della Pinkerman

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Purdon

(b) Address 409 W 14 St KC Mo

17. (a) Burial (b) Date thereof Aug. 27, 1941
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation H. Hope Cemetery Kansas City, Kansas

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 401 Brush Creek Blvd

19. (a) 8/25/41 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 048
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 409 West 14th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1941 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 17
1941 to Aug 22 1941
that I last saw him alive on Aug 22
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart Failure Duration

Due to Chronic Hypertension

Due to Brain Aneurysm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93E

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. M. Croome (M. D. or other) Aug 23

Address 401 Brush Creek Blvd Date signed

NOV 24 1941

1145-5:30
Even Home Drug Store
West Haven City
King Bros Commercial Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.